

STANDARD CERTIFICATE OF DEATH

14681
State File No. 03V1333A
Registrar's No. 22007

FILED MAY 7 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>22007</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived, all institutions or residences before a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Joplin</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Racine, Mo.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <u>St. Johns Joplin, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>Racine, Mo.</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Addie</u>	b. (Middle) <u>May</u>	c. (Last) <u>Bliss</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9-14-1869</u>	9. AGE (In years last birthday) <u>83</u> MONTHS <u>7</u> DAYS <u>4</u> HOURS <u>1</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Music Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Elbert Bldwin</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Patridge</u>	
14. NAME OF HUSBAND OR WIFE <u>Ralph Bliss</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Austin Anderson</u>		18. ADDRESS <u>Neosho, Mo.</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes</u> DUE TO (c) <u>Surgical amputation of leg</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>Unknown</u> <u>Mar. 24, '53</u>	
19a. DATE OF OPERATION <u>March 24, '53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Senile gangrene of leg.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>260 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>March 24, 1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar. 3, 1953</u> to <u>April 18, 1953</u> , that I last saw the deceased alive on <u>April 18, 1953</u> and that death occurred at <u>2:52 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert D. McPherson</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>607 Frisco Bldg., Joplin, Mo.</u>	
23c. DATE SIGNED <u>4-21-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 21, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pineville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pineville, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark, Bigham Mortuary</u>	
25. ADDRESS <u>Neosho, Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-2-53</u>		REGISTRAR'S SIGNATURE <u>Ed. D. Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-6-53

Jasper County Health Office

County File Number 53-5-380

Date Filed 5-6-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jesse O. Sullivan, Jr.

Licensed Embalmer No. 46416

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.